

#4

APPROVED 2005

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number::	10/540,086
Filing Date::	06/20/2005
Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	✓ THE CHARACTERIZATION OF HUPB GENE ENCODING HISTONE LIKE PROTEIN OF MYCOBACTERIUM TUBERCULOSIS
Attorney Docket Number::	4544-051936
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	6
Small Entity?::	No
Secrecy Order In Parent Appl.?::	No

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	India
Status::	✓ Full Capacity
Given Name::	Krishna
Middle Name::	Prasad
Family Name::	HANUMANTHAPPA
City of Residence::	New Delhi
Country of Residence::	India
Street of Mailing Address::	Department of Biotechnology, All India Institute of Medical Sciences
City of Mailing Address::	New Delhi
Country of Mailing Address::	India
Postal or Zip Code of Mailing Address::	110 029

Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: Savita
Family Name:: PRABHAKAR
City of Residence:: New Delhi
Country of Residence:: India
Street of Mailing Address:: Department of Biotechnology, All
India Institute of Medical Sciences
City of Mailing Address:: New Delhi
Country of Mailing Address:: India
Postal or Zip Code of Mailing Address:: 110 029

Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: 3 w Anjaki
Family Name:: MISHRA
City of Residence:: New Delhi
Country of Residence:: India INX
Street of Mailing Address:: Department of Biotechnology, All
India Institute of Medical Sciences
City of Mailing Address:: New Delhi
Country of Mailing Address:: India
Postal or Zip Code of Mailing Address:: 110 029

Applicant Authority Type:: Inventor
Primary Citizenship Country:: 4 w India
Status:: Full Capacity
Given Name:: Tyagi
Middle Name:: Jaya
Family Name:: SIVASWAMI
City of Residence:: New Delhi
Country of Residence:: India INX

Street of Mailing Address:: Department of Biotechnology, All
India Institute of Medical Sciences
City of Mailing Address:: New Delhi
Country of Mailing Address:: India
Postal or Zip Code of Mailing Address:: 110 029

CORRESPONDENCE INFORMATION

Correspondence Customer Number::

28289

REPRESENTATIVE INFORMATION

Representative Customer Number::	28289	
---	-------	--

FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::
WIPO	PCT/IN2003/000302	09/09/2003	Yes
IN	1274/DEL/02	12/18/2002	Yes

ASSIGNMENT INFORMATION

Assignee Name::

DEPARTMENT OF
BIOTECHNOLOGY

Street of Mailing Address::

CGO Complex, Block 2, 7th Floor,
Lodhi Road

City of Mailing Address::

New Delhi

Country of Mailing Address::

India

Postal or Zip Code of Mailing Address::

110 003

Assignee Name::

ALL INDIA INSTITUTE OF MEDICAL
SCIENCES

Street of Mailing Address::

Ansari Nagar

City of Mailing Address::

New Delhi

Country of Mailing Address::

India

Postal or Zip Code of Mailing Address::

110 029